

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City **St. Louis**(No. **De Paul Hospital**)

St. Ward)

2. FULL NAME **Carol Ann Glenville**(a) Residence, No. **3721 Cote Brillante** // Ward. / (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 17, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2**17**

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis**Mo.**

FATHER

13. NAME

Geo Glenville

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis**Mo.**

MOTHER

15. MAIDEN NAME

Catherine Fehr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis**Mo.**

17. INFORMANT (ADDRESS)

**Mr. George Glenville
3721 Cote Brillante Ave.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary Cem.**DATE **Jan. 5, 1937.**

19. UNDERTAKER (ADDRESS)

**C. L. LINANE BROS.
1710 N. GRAND BLVD**

20. FILED

Jan 5 1937**1937****J. T. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 3, 1937, 19**

22. I HEREBY CERTIFY, that I attended deceased from

Oct 31, 1936, to Jan 3, 1937I last saw deceased alive on **January 2, 1937** Death is saidto have occurred on the date stated above, at **11.10am** m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia

Date of onset

Other contributory causes of importance:

Otitis Media, Acute Bilateral

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **Joseph A. Bauer**, M. D.(Address) **3720 Washington**

3720 2/1/50